DEPARTMENT OF HEALTH & HUMAN SERVICES



CENTERS FOR MEDICARE & MEDICAID SERVICES
Consortium For Quality Improvement and Survey & Certification Operations
Western Consortium – Division of Survey & Certification

IMPORTANT NOTICE - PLEASE READ CAREFULLY

October 3, 2007

Sandra Bennett Bruce, President and CEO St. Alphonsus Regional Medical Center 1055 North Curtis Road Boise, ID 83704

CMS Certification Number: 13-0007

Dear Ms. Bruce:

To participate as a provider of services in the Medicare and Medicaid Programs, a hospital must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The Idaho Bureau of Facility Standards (State agency) completed a complaint investigation authorized by the Centers for Medicare & Medicaid Services (CMS) on September 14, 2007. Based on a review of the deficiencies identified during this investigation, we have determined that St. Alphonsus Regional Medical Center is not in substantial compliance with the Medicare hospital Condition of Participation – Discharge Planning (42 Code of Federal Regulations (CFR) § 482.43).

Section 1865 of the Social Security Act (The Act) and pursuant regulations provide that a hospital accredited by The Joint Commission will be "deemed" to meet all Medicare health and safety requirements with the exception of those relating to utilization review. Section 1864 of The Act authorizes the Secretary of Health and Human Services to conduct a survey of an accredited hospital participating in Medicare if there is a substantial allegation of a serious deficiency which would, if found to be present, adversely affect the health and safety of patients. Therefore, as a result of the September 14, 2007, complaint survey findings, we are required following timely notification of the accrediting body, to place the hospital under Medicare State Agency survey jurisdiction until the hospital is in compliance with all Conditions of Participation.

The deficiencies cited limit the capacity of St. Alphonsus Regional Medical Center to furnish services of an adequate level or quality. The deficiencies, which led to our decision, are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567).

St. Alphonsus Regional Medical Center must submit a plan of correction to our office for all deficiencies cited on the enclosed CMS-2567. The plan of correction must be submitted to our office within ten (10) days of receipt of this letter. Complete your plan of correction in the space

provided on the CMS-2567. An acceptable plan of correction, which includes acceptable completion dates, must contain the following elements:

- The plan of correcting the specific deficiency and how the hospital will act to protect other patients in a similar situation;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- Dates when the plan of correction will be completed;
- The title of the person responsible for implementing the acceptable plan of correction.

Each deficiency should be corrected as soon as possible. Additionally, please sign and date page one where indicated prior to returning the CMS-2567 to our office. Please send the completed plan of correction to the address below, with a copy to the Idaho Bureau of Facility Standards:

CMS – Survey and Certification Attention: Kate Mitchell 2201 Sixth Avenue, RX-48 Seattle, WA 98121 Fax: (206) 615-2088

Additionally, in accordance with § 1865(b) of The Act, the Idaho Bureau of Facility Standards, will conduct a full unannounced health and life safety code survey of your hospital to assess compliance with all the Medicare Conditions of Participation, within the next 60 days.

The requirement that St. Alphonsus Regional Medical Center submit a plan to correct its Medicare deficiencies does not affect its accreditation, its Medicare payments, or its current status as a participating provider of hospital services in the Medicare program. When St. Alphonsus Regional Medical Center has been found to meet <u>all</u> the Medicare Conditions of Participation for hospitals, the State agency will discontinue its survey jurisdiction.

Under CMS regulations 42 CFR § 498.3(d), this notice of findings is an administrative action, not an initial determination by the Secretary, and therefore formal reconsideration and hearing procedures do not apply.

Copies of this letter are being provided to the State agency and The Joint Commission. You can also pursue any concerns you may have with The Joint Commission at any time.

If you have any questions, please contact Kate Mitchell of my staff at (206) 615-2432.

Sincerely,

Steven Chickering
Western Consortium Survey and Certification
Division of Survey and Certification

Enclosure

Idaho Bureau of Facility Standards The Joint Commission cc:

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boiss, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

October 17, 2007

Sandra Bennett-Bruce, Administrator Saint Alphonsus Regional Medical Center 1055 North Curtis Road Boise, Idaho 83706

Provider #130007

Dear Ms. Bennett-Bruce:

On September 14, 2007, a Complaint Investigation was conducted at Saintt Alphonsus Regional Medical Center. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003129

Allegation: The hospital did not provide patient's with discharge planning or assist with making arrangements to assist patients after discharge.

Findings:

An unannounced visit was made to the hospital on 9/10/07. Nine clinical records were reviewed of patients who had suffered a neurological event and was discharged to home. Hospital policies and quality improvement was also reviewed. Additionally, staff were interviewed. After the investigation it was determined the hospital failed to ensure it had an effective discharge planning process. The hospital failed to provide an initial discharge assessment for 9 of 9 patients whose record were reviewed to identify patients, at an early stage of hospitalization, who could likely suffer adverse health consequences upon discharge. Additionally, it was determined the hospital failed to provide a discharge planning evaluation for 7 of 9 patients whose record were reviewed that included an assessment of factors that may impact the patient's need for continued care after discharge. Further, discharge planning evaluations were not included in patients' medical records for 7 of 9 patients whose record was reviewed for use in establishing an appropriate discharge plan.

The hospital also did not follow its policies and procedures to develop or supervise the development of a discharge plan for 7 of 9 patients whose records were reviewed. Lastly, the hospital did not reassess its discharge planning process on an on-going basis. The cumulative effect of these systemic practices resulted in the hospital's inability to provide direction to staff in order to ensure the patients' care needs were met.

Deficiencies were cited at 42 CFR 482.43 Condition of Participation: Discharge Planning, for the failure of the hospital to ensure it had an effective discharge planning process.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

PATRICK HENDRICKSON Health Facility Surveyor

Non-Long Term Care

SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

PH/mlw



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C. L. "BUTCH" OTTER -- Governor RICHARD M. ARMSTRONG - Director DEBRA RANSOM, R.N., R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

October 15, 2007

Sandra Bennett-Bruce, Administrator St Alphonsus Regional Medical Center 1055 North Curtis Road Boise, Idaho 83706

Provider #130007

Dear Ms. Bennett-Bruce:

On September 14, 2007, a Complaint Investigation was conducted at St Alphonsus Regional Medical Center. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003178

Allegation: A patient presented to the hospital Emergency Department (ED) with a complaint of homicidal ideation. He felt he needed to be admitted was not. Two days later he returned to the ED with the same symptoms and then was admitted.

Findings: During an unannounced investigation on 9/10/07, records for seven patients who came to the ED with complaints of suicidal or homicidal ideation were reviewed. Six of the seven patients' records contained documented evidence that they had been evaluated by a physician and a Masters prepared Social Worker (MSW) and had been determined to be safe to discharged from the hospital and return home.

> One patient's record revealed that the patient had presented to the ED with complaints of a pseudoseizure. It was documented that the patient was in a postictal state when he began to reported of having vague feelings of homicidal ideation. The physician documented, in the "Emergency Department" report, that the patient was seen by the MSW and himself. He documented it was felt that the patient could "safely discharge" to home". The record contained a "No Harm Contract" signed by the patient. The record did not indicate the patient suffered from a cognitive deficit that would hinder him in the understanding of the contract.

Further, there was no documented evidence the patient had disagreed with the discharge and there was a signed discharge instruction sheet in the record. The same patient returned to the ED two days later complaining of thoughts of "...Want to kill people one by one" and he reported he was having "hallucinations of dead Russian soldiers." The physician documented, in the "Emergency Department" report, that the patient was seen by the MSW and himself and it was felt the patient at that time met admission criteria.

There are no regulations for physician's individual judgment, i.e., the correctness of diagnoses and treatment of patients. This is a civil matter and it is not addressed in the scope of State and Federal regulations. No deficiencies were cited.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

As this complaint was unsubstantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

PATRICK HENDRICKSON

Health Facility Surveyor

Non-Long Term Care

SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

PH/mlw

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

October 9, 2007

Sandra Bennett-Bruce, Administrator St Alphonsus Regional Medical Center 1055 North Curtis Road Boise, Idaho 83706

Provider #130007

Dear Ms. Sandra Bennett-Bruce:

On **September 14, 2007**, a Complaint Investigation was conducted at St Alphonsus Regional Medical Center. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003222

Allegation: A patient was discharged from the hospital when he was too unstable to be discharged.

Findings:

As this complaint relates to the lack of appropriate discharge planning, it is being sustantiated based on the findings of a previous complaint investigation related to discharge planning. A separate investigation is not planned, as noncompliance with state and federal regulations has already been established.

An unannounced visit was made to the hospital on 9/10/07. Nine (9) clinical records were reviewed of patients who had suffered a neurological event and were discharged to home. Hospital policies and quality improvement information were reviewed and staff were interview. Based on the findings of the investigation it was determined the hospital failed to ensure an effective discharge planning process was in place. The hospital failed to provide nine (9) of nine (9) patients with appropriate discharge planning services.

The hospital failed to ensure patients received an initial discharge assessment to identify patients, at an early stage of hospitalization, who could likely suffer adverse health consequences upon discharge, if appropriate discharge planning was not provided. Additionally, the hospital failed to provide patients with a discharge planning evaluation that included an assessment of factors that may impact the patient's need for continued care after discharge. Further, discharge planning evaluations were not included in patients' medical records for use in establishing an appropriate discharge plan. Lastly, the hospital did not reassess its discharge planning process on an on-going basis. The cumulative effect of these negative systemic practices resulted in the hospital's failure ensure the patients' care needs were met after discharge.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Deficiencies were cited at 42 CFR 482.43 Condition of Participation: Discharge Planning, for the failure of the hospital to ensure it had an effective discharge planning process. The hospital is required to provide a plan of correction and a full survey of the hospital will be completed after the plan of correction is received in this office.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it will be addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

PATRICK HENDRICKSON

Health Facility Surveyor

Non-Long Term Care

SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

PH/mlw

PRINTED: 10/02/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	Rae Jean McPhillip Acronyms used in	the survey report include:					
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 800	from a roof and sufficient skull fracture and a prior to admission. and was discharge intervention. Accommendation interview, the patient Turkish. The recommendation in the not have insurance social services to the notes, on 8/21/07 a screening yesterdamany family member for insurance info.	ifered a non-displaced basilar a subarachnoid hemorrhage. He was treated conservatively d to home without surgical rding to the record and staff int spoke only Russian and rd did not document how long. United States. The patient did and a referral was made to ry to arrange for funding. CRM at 9:56 AM, stated "Initial by. Pt is Russian speaking, wers at bedside. PFA referral An assessment of the need hing was not documented.	A	800			
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	the hospital on 6/1 on 6/19/07. Accordance and suffered admission. She has and had been surg for a subdural hemalso included breat of the leg which has addition, she had a thrombosis with and to recent falls and	79 year old female admitted to 5/07 and discharged to home ding to her record, she had a subdural hematoma prior to ad experienced previous falls lically treated in January 2007 latoma. Her medical history st cancer and leiomyosarcoma and metastasized to her lung. In a history of deep venous inability to anticoagulate due subdural hematomas. She endent diabetic. She was					

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	6/4/07 at 8:31 AM, MSW referral" and to stay when pt is d working on dc." Th 6/4/07 at 9:52 AM, seen frequently in t mental status." Ad 6/4/07 at 2:15 PM, reports he has a pla provided, also clear lunch. No other ne RESOURCES: Cor assessment of disc contained in the red discharge planning stated there was no	nt #6 confirmed, on 9/13/07 at ecord did not contain a evaluation. Additionally, she ot a screening tool to identify patient needed a discharge					Active and the second s

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A 800	* Patient #8 was a of multiple sclerosis admitted to the hos discharged on 6/18 contained an "interwas initiated on 6/1 documentation for discharge planning EMR of outcomes/discharge planning contain documentate planning for the darplan of care contain 6/18/07, that the CIThe CRM documentate of discharge, the completed. The residence of the completed of the containe of the completed.	age 7 40 year old male with a history is and headaches. He was apital on 6/14/07 and also in the patient's record disciplinary plan of care that 5/07. There was no 6/15/07 on the plan of care for . On 6/16 and 6/17/07 "see response" was marked for . The patient's EMR did not atton regarding discharge tes of 6/16 and 6/17/07. The ned documentation, dated RM had reviewed the case. Inted, on 6/18/07 at 10 AM, the nat the "initial screening" was cord did not contain a assessment of discharge	A 800			
A 806	the "initial screening was don was admitted to the confirmed the reco documentation of a need of a discharge 482.43(b)(1) DISCI ASSESSMENT The hospital must evaluation to the particular of this section, a patient's request, the screening of the section of the particular of the section of the section, a patient's request, the screening was admitted to the section of the section, a section of the section o	PM, the CRM who completed g", confirmed that the e four days after the patient e hospital. Additionally, she rd did not contain initial assessment for the e planning evaluation. HARGE PLANNING NEEDS provide a discharge planning atients identified in paragraph and to other patients upon the ne request of a person acting half, or the request of the	A 806			

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURV COMPLETED (X3) DATE SURV COMPLETED					
:		130007	B. WING		09/14) 1/2007
	ROVIDER OR SUPPLIER	MEDICAL CENTER	1	REET ADDRESS, CITY, STATE, ZIP CODE 055 NORTH CURTIS ROAD COISE, ID 83706		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 806	Continued From pa	ge 8	A 806			
	Based on review of review and staff int hospital failed to prevaluation for 7 of 5, 6, 7, and 8) who to suffer adverse hidscharge if there will be planning. Since a chad not been compared discharge plan for the suffer and suffer adverse hidscharge plan for the suffer and suf	s not met as evidenced by: hospital policies, record erview it was determined the ovide a discharge planning sampled patients (#'s 1, 2, 4, were identified as being likely ealth consequences upon vas not adequate discharge discharge planning evaluation bleted, staff had not developed or these patients. The findings				
	Resource Manager revised on 8/2007, through preadmiss as having post-hos referred to the assi communicates with members, reviews patient/family to demanagement. Are situation, caregiver clinical and psycho	tion Management-Clinical ment Department" policy, stated "Patients evaluated ions that have been identified pital care needs may be gned CRMThe CRM the health care team records and interviews termine the need for transition as to be reviewed include living support, safety concerns, social needsInitial screening 0% of the CRM caseload."				
	requirements were "1) initial assessme 2) appropriate clin 3) development of	ent ical indicators				-

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU			3) DATE SU COMPLET	red
		130007	B. WII	VG_		09/14	; /2007
	ROVIDER OR SUPPLIER	MEDICAL CENTER		1	REET ADDRESS, CITY, STATE, ZIP CODE 1055 NORTH CURTIS ROAD BOISE, ID 83706		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A 806	5) patient/family in the plan 6) multidisciplinary 7) final transition p Transition manage documented in Em This policy had not include: * Patient #1 was a history an sudden of found to have a sul was admitted to the discharged on 3/30 contained a "HISTO 3/18/07, that documented a "HISTORY/CONSU described the patie obtundation". The discharge summar documented "She impulsivenessand time of discharge." plan of care, dated follow" and "see EM The patient's EMR planning evaluation of factors that could care after discharge needs, the patient's understanding of didentification of postrecord also did not	volvement/concurrence with collaborations lan with dc date when known ment information is tec." been followed. Examples 55 year old female with a conset of a headache. She was coarachnoid hemorrhage. She hospital on 3/16/07 and 1/07. The patient's record DRY AND PHYSICAL", dated nented the patient lived at rear-old son and cared for her mer's disease. A JLTATION", dated 3/17/07, and as "confused with periods of patient's record contained a y, dated 3/30/07, that still had some d some memory deficit at the The patient's interdisciplinary 3/23/07, stated "continue to MR" for discharge planning. did not contain a discharge in that included an assessment d impact the patient's needs for e such as biopsychosocial	A	806			
		ain a discharge planning					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	JRVEY TED
		130007	B. WIN	1G			C 4/2007
	ROVIDER OR SUPPLIER	MEDICAL CENTER		1	REET ADDRÉSS, CITY, STATE, ZIP CODE 055 NORTH CURTIS ROAD BOISE, ID 83706		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 806	* Patient #2 was an history of a fall or petraumatic subarach admitted to the hos discharged on 6/27 contained a physici 6/27/07, that docum from outpatient their emphasis on cognit neuropsychology se working on dressing transfers, ambulatic exercise program." contained a interdis 6/25/07, that stated "see EMR" for dische EMR did not contained a interdis evaluation that incluthat could impact the after discharge. The discharge plan. On	arge plan. 42 year old male with a ossible assault and suffered a noid hemorrhage. He was pital on 6/21/07 and /07. The patient's record an "CONSULTATION", dated nented "patient would benefit rapy program with the primary sive remediation with ervices." "Therapist will be g, grooming, bathing, ADLs, on, safety, gait and home The patient's record sciplinary plan of care, dated "CRM eval" on 6/21/07 and to narge planning. The patient's ne a discharge planning uded an assessment of factors are patient's needs for care are record also did not contain a 19/13/07, a CRM confirmed ontain a discharge planning	A	306			
	* Patient #4 was a 6 of a ground-level fa an intracranial hem the hospital on 4/3/6 The patient's record SUMMARY", dated patient was transfer hospital in Baker Ci Physical therapy no observations of the	52 year old male with a history II, altered mental status and orrhage. He was admitted to 57 and discharged on 4/9/07. If contained a "TRANSFER 4/9/07, that documented the red to the hospital from a ty, Oregon where he resided.					

	F CORRECTION	IDENTIFICATION NUMBER:	1`	LDING	LE CONSTRUCTION .	COMPLE	
		130007	B. WIN	۷G		1	C 4/2007
	ROVIDER OR SUPPLIER	MEDICAL CENTER		105	ET ADDRESS, CITY, STATE, ZIP CODE 55 NORTH CURTIS ROAD DISE, ID 83706		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	F	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
A 806	least 24 hour super to return home at the 4/7/07 11:30 AM, status should be fur neuro-psychiatric of evaluation. 4/8/07 2:00 PM, If provided the recommend safety, spouse is in CRM notes documed 4/6/07 10:23 AM, Occupational Therese Speech Therapy notes of the recommend assess ears, hearing from the hospital. 4/5/07 12:28 PM, Provided the recommend 1. Psyconsult Nursing notes documents as a comprehension definition of the hospital. 4/5/07 12:28 PM, Provided the recommend 1. Psyconsult Nursing notes documents and the recommend 1. Psyconsult	fety at home. Will need at revision and assisted if patient his point Ifeel that patient's cognitive rther addressed rears, nose, throat, If the patient spouse supervision with all mobility for agreement with this. In the following: I	A	306			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		130007	B. WIN	1G _		i .	C 4/2007
	PROVIDER OR SUPPLIER	MEDICAL CENTER		1	REET ADDRESS, CITY, STATE, ZIP CODE 055 NORTH CURTIS ROAD BOISE, ID 83706		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 806	The patient's recomplan of care, dated for discharge plann not contain a dischincluded an assess impact the patient's discharge. The recidischarge plan. Or the record did not devaluation or a dischincture was record contained do 6/4/07 at 8:31 AM, MSW referral" and to stay when pt is dworking on dc". The 6/4/07 at 9:52 AM, seen frequently in the mental status." Ad 6/4/07 at 2:15 PM, reports he has a pla provided, also clear lunch. No other ne RESOURCES: Correcord did not containing evaluation. The CRM for Patien 2:35 PM, that the redischarge planning. * Patient #8 was a cof multiple sclerosis admitted to the hos discharged on 6/18 contained an "interescontained an "intere	d contained a interdisciplinary 4/6/07, that stated "see EMR" ing. The patient's EMR did arge planning evaluation that ment of factors that could needs for care after cord also did not contain a 19/13/07, a CRM confirmed contain a discharge planning	A 8	306			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDIN			c
		130007	B. WING _		09/1	4/2007
	ROVIDER OR SUPPLIER	MEDICAL CENTER	1	REET ADDRESS, CITY, STATE, ZIP CODE 055 NORTH CURTIS ROAD BOISE, ID 83706		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 806	discharge planning EMR of outcomes/i discharge planning contain documenta planning for the dat plan of care contain 6/18/07, that the CF The EMR contained CRM, dated 6/18/0 discharge, that the completed. The CR with patient and far wants to have Hom Alphonsus Home Hon chart. If pt is no setting may be mor facilitate as needed documentation regapatient's request fo patient's request for patient's record did that the CRM condiplanning evaluation plan. On 9/13/07 at 3:15 the "initial screening screening was compatient was admitted there was no discharge plan contain documentation discharge plan contain documentation and the patient's request "Patient #5 was a 4the hospital on 8/19 on 8/22/07. According 18/22/07.	age 13 6/15/07 on the plan of care for . On 6/16 and 6/17/07 "see response" was marked for . The patient's EMR did not tion regarding discharge tes of 6/16 and 6/17/07. The ned documentation, dated RM had reviewed the case. It documentation from the 7 at 10 AM, the day of "initial screening" was the further documented, "Met mily to discuss care needs. Pto the Health PT through St. Itealth. Intra-agency order form to the thomebound status, an output the appropriate. Will follow and the interaction of the rephysical therapy. The not contain documentation functed a specific discharge for developed a discharge or developed a discharge or developed a discharge planning evaluation or tained in the record did not tion regarding the outcome of the strong planning the outcome of the strong planning evaluation or tained in the record did not tion regarding the outcome of the strong planning the outcome of the strong planni	A 806			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	TED
		130007	B. WIN	₩ _		09/14	1/2007
	ROVIDER OR SUPPLIER	MEDICAL CENTER		1	REET ADDRESS, CITY, STATE, ZIP CODE 055 NORTH CURTIS ROAD BOISE, ID 83706		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	X	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 806	skull fracture and a prior to admission. and was discharged intervention. According intervention. According to the patient spoke of record did not documented States. Insurance and a refuservices to try to an on 8/21/07 at 9:56 yesterday. Pt is Rumembers at bedsid info. Resides in (all medical and rehability approximately 120. The availability of treating to a significant of the significant	subarachnoid hemorrhage He was treated conservatively d to home without surgical ding to the record and staff RM on 9/13/07 at 2:35 PM, nly Russian and Turkish. The ment how long he had been in The patient did not have erral was made to social range for funding. CRM notes, AM, stated "Initial screening lessian speaking, many family e. PFA referral for insurance in Idaho town)." Referrals for litative follow up services were ation center in a city miles from the patient's home. cansportation was not charge planning evaluation the patient's record and neither	A	306			
	9/13/07 at 2:35 PM lived 120 miles from patient did not spear not spear to the partient was. The patient was the patient was. The instructions stated she did not know was transportation was. have a discharge plan.	nt #5 was interviewed on . She confirmed the patient in the hospital. She said the ak English. She stated she did tient's wife but only to male of know what their relation to ne patient's discharge he was not to drive. She said that the availability of She stated the patient did not lanning evaluation or a					
	on 6/19/07. Accord	5/07 and discharged to home ling to her record, she had a subdural hematoma prior to					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	COMPLET	ΓED
		130007	B. WIN	IG_		09/14	; ;/2007
	ROVIDER OR SUPPLIER	MEDICAL CENTER		10	REET ADDRESS, CITY, STATE, ZIP CODE 055 NORTH CURTIS ROAD BOISE, ID 83706		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 806	and had been surg for a subdural hem also included breas of the leg which ha addition, she had a thrombosis with an to recent falls and was an insulin depotreated conservative home without surgiplanning evaluation patient's record and The CRM assigned interviewed on 9/13 she had been on vistay. She reviewed discharge planning was documented. 482.43(b)(6) DOCUEVALUATIONS The hospital must evaluation in the pain establishing an amust discuss the repatient or individual.	and experienced previous falls ically treated in January 2007 atoma. Her medical history at cancer and leiomyosarcoma distriction and metastasized to her lung. In history of deep venous inability to anticoagulate due subdural hematomas. She endent diabetic. She was rely and was discharged to cal intervention. A discharge in was not present in the dineither was a discharge plan. If to Patient #7's physician, was 3/07 at 3:50 PM. She stated acation during the patient's difference and stated no evaluation or discharge plan. JMENTATION OF Include the discharge planning atient's medical record for use appropriate discharge plan and esults of the evaluation with the all acting on his or her behalf.		811			
	Based on review o review and staff in	is not met as evidenced by: f hospital policies, record terview, it was determined the clude discharge planning					

	FOF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI		NG	COMPLE	TED
		130007	B. WIN	1G _		ı	7/2007
	PROVIDER OR SUPPLIER	MEDICAL CENTER		1	REET ADDRESS, CITY, STATE, ZIP CODE 1055 NORTH CURTIS ROAD BOISE, ID 83706		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 811	patients (#'s 1, 2, 4 discharged from the identified as likely to consequences with planning. The finding The hospital's "Discrevised on 4/2006 discharge planning patients by a licens pre-admission visit	ent's medical records for 7 of 7 4, 5, 6, 7, and 8) who were e hospital to home and to experience adverse health mout adequate discharge rigs included: charge Planning" policy, stated, "The process of a shall be initiated on all sed nurse during the to a the time of admission, or	A	811			
	planning needs sha interdisciplinary plateaching, and/or re Manager." Clinical potential need for O disorders which alt preform activities of new assistive or m discharge such as oxygen or medicat long-term disability	as appropriate. Discharge all be addressed in an of care, patient/family afternal to the Clinical Resource indicators that would identify a CRM interventions were: ter the patient's ability to of daily living, patients requiring edical equipment after wheelchairs, feeding tubes, ions, patients who may have after hospitalization and ed for longer than ten days.					,
or and the second secon	Resource Manage revised on 8/2007 through preadmiss as having post-hos referred to the ass communicates with members, reviews patient/family to demanagement. Are situation, caregive clinical and psychological	ition Management-Clinical ment Department" policy stated, "Patients evaluated sions that have been identified spital care needs may be igned CRMThe CRM in the health care team records and interviews etermine the need for transition was to be reviewed include living r support, safety concerns, besocial needsInitial screening 0% of the CRM caseload."					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		E CONSTRUCTION	(X3) DATE S COMPL	SURVEY ETED
		130007	B. WIN	iG		09/1	C 4/2007
	ROVIDER OR SUPPLIER	MEDICAL CENTER		105	ET ADDRESS, CITY, STATE, ZIP CODE 55 NORTH CURTIS ROAD DISE, ID 83706	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 811	Continued From p	age 17	A 8	311			
	they occur 5) patient/family is the plan 6) multidisciplinar 7) final transition Transition manage documented in Em This policy had no included: * Patient #1 was a history a sudden of found to have a sure was admitted to the discharged on 3/3 contained a interdict 3/23/07, that state "see EMR" for disc EMR did not contained the recomplanning evaluation. On 9/1 confirmed the recomplanning evaluation * Patient #2 was a of a fall or was postraumatic subarace	nent nical indicators of transition plan anges to the transition plan as nvolvement/concurrence with ry collaborations plan with dc date when known ement information is ntec." It been followed. Examples 55 year old female with a nset of a headache and was abarachnoid hemorrhage. She hospital on 3/16/07 and 0/07. The patient's record sciplinary plan of care, dated d "continue to follow" and to charge planning. The patient's ain a discharge planning 1/07 at 11:35 AM, a CRM ord did not contain a discharge in or a needs assessment. 42 year old male with a history asibly assaulted and suffered a hnoid hemorrhage. He was					
	discharged on 6/2' contained a interdi	spital on 6/21/07 and 7/07. The patient's record sciplinary plan of care, dated d "CRM eval" on 6/21/07 and					

	FOF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI		IG	COMPLE	TED
		130007	B. WIN	1G _		09/14	C 4/2007
	ROVIDER OR SUPPLIER	MEDICAL CENTER		1	REET ADDRESS, CITY, STATE, ZIP CODE 055 NORTH CURTIS ROAD BOISE, ID 83706	A	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 811	was written on the "Initial assessment contain a discharge * Patient #4 was a of a ground-level fa an intracranial hem the hospital on 4/3, The patient's recor plan of care, dated for discharge plans	harge planning. On 6/22/07 it interdisciplinary plan of care.". The patient's EMR did not e planning evaluation. 62 year old male with a history all, altered mental status and corrhage. He was admitted to 607 and discharged on 4/9/07. It contained an interdisciplinary 4/6/07, that stated "see EMR" ling. The patient's EMR did arge planning evaluation.	A	311			
	the hospital on 8/12 on 8/22/07. According to a roof and surskull fracture and a prior to admission, and was discharge intervention. Accointerview with the Cithe patient spoke of record did not door the United States, insurance and a reservices to try to an on 8/21/07 at 9:56 yesterday. Pt is Rumembers at bedsic info. Resides in (a medical and rehab made to a rehabilit approximately 120 The availability of the state o	43 year old male admitted to 2/07 and discharged to home ding to his record, he had fallen fered a non-displaced basilar a subarachnoid hemorrhage. He was treated conservatively do to home without surgical rding to the record and staff CRM on 9/13/07 at 2:35 PM, only Russian and Turkish. The ament how long he had been in The patient did not have ferral was made to social trange for funding. CRM notes, AM, stated "Initial screening ussian speaking, many family de. PFA referral for insurance in Idaho town)." Referrals for dilitative follow up services were action center in a city miles from the patient's home. Transportation was not lischarge planning evaluation patient's record.					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		130007	B. WIN	1G		1	C 4/2007
	PROVIDER OR SUPPLIER	MEDICAL CENTER		10	EET ADDRESS, CITY, STATE, ZIP CODE 055 NORTH CURTIS ROAD OISE, ID 83706		72001
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 811	The CRM for Paties 9/13/07 at 2:35 PM lived 120 miles from patient did not spear not speak to the patient was. She did not the patient was. The instructions stated she did not know we transportation was have a documented evaluation. * Patient #7 was a the hospital on 6/18 on 6/19/07. Accord fallen and suffered admission. She had and had been surg for a subdural hem also included breas of the leg which had addition, she had a thrombosis with an to recent falls and swas an insulin depet reated conservative home without surgiplanning evaluation record. The CRM assigned interviewed on 9/13 she had been on vastay. She reviewed discharge planning	nt #5 was interviewed on . She confirmed the patient in the hospital. She said the ak English. She stated she did tient's wife but only to male of the patient's discharge he was not to drive. She said that the availability of She stated the patient did not discharge planning. 79 year old female admitted to discharge to home ding to her record, she had a subdural hematoma prior to dexperienced previous falls ically treated in January 2007 atoma. Her medical history of deep venous inability to anticoagulate due subdural hematomas. She endent diabetic. She was ely and was discharged to cal intervention. No discharge is was present in the patient's of the Patient #7's physician, was discharged to discharge in was present in the patient's of the record and stated no evaluation was documented.	Α ξ	311			

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[]	IULTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
	130007	B. WIN	NG		00/1/) 1/2007
NAME OF PROVIDER OR SUPPLIER ST ALPHONSUS REGIONAL M	IEDICAL CENTER		STREET ADDRESS, CITY, STAT 1055 NORTH CURTIS ROA BOISE, ID 83706		03/14	1/2001
PREFIX (EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	CROSS-REFERENCED	E ACTION SHOUL	_D BE	(X5) COMPLETION DATE
was discharged on 6 documentation by th AM, that stated "Initiand "MSW to assis is discharged. Nsg The MSW document that the patient " he the ED for trauma and Additionally, she documentation of a formunity Support documentation of a formunity Support documentation of a formultiple sclerosis admitted to the hosp discharge planning. * Patient #8 was a 4 of multiple sclerosis admitted to the hosp discharged on 6/18/0 contained an "interdit was initiated on 6/15 documentation for 6/15/15 documentation	ed from an altercation. He 6/4/07. The record contained he CRM, on 6/4/07 at 8:31 ial screening, MSW referral" st with a place to stay when pt notified MSW working on dc" leted, on 6/4/07 at 9:52 AM, has been seen frequently in a litered mental status." cumented, on 6/4/07 at 2:15 tw/pt who reports he has a ucher provided, also clean et for bag lunch. No other erventions: RESOURCES: s." There was no discharge planning evaluation rd. t #6 confirmed, on 9/13/07 at cord did not contain a evaluation. 0 year old male with a history and headaches. He was bital on 6/14/07 and 07. The patient's record isciplinary plan of care" that	A	811			

	OF CORRECTION	IDENTIFICATION NUMBER:		LDING	LE CONSTRUCTION	COMPLE	ETED
		130007	B. WIN	IG		1	C 4/2007
	PROVIDER OR SUPPLIER	MEDICAL CENTER		105	ET ADDRESS, CITY, STATE, ZIP CODE 55 NORTH CURTIS ROAD DISE, ID 83706		7,2001
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 811 A 843	not a discharge pla the record.	enning evaluation contained in	A 8	343			
2	The hospital must planning process o reassessment must	reassess its discharge n an on-going basis. The it include a review of discharge at they are responsive to					
	Based on staff inte hospital failed to re process on an on-ginclude: An program to assedischarge planning	is not met as evidenced by: rview, it was determined the assess its discharge planning going basis. The findings ess the quality of the hospital's process had not been mented. No process was in ne following:					
	patients needing di * The quality and tip planning evaluation * The hospital disch complete and accu patients and their re options; and * The hospital has a planning process the	is of the criteria to identify scharge plans; meliness for discharge plans; and discharge plans; narge personnel maintain rate information to advise epresentatives of appropriate a coordinated discharge nat integrates discharge functional departments,					

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SI COMPLE	
		130007	B. WIN			i	C 4/2007
	ROVIDER OR SUPPLIER	MEDICAL CENTER		1	REET ADDRESS, CITY, STATE, ZIP CODE 1055 NORTH CURTIS ROAD BOISE, ID 83706		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 843	including the quality review activities of various disciplines. In addition, the hos lack of a system to screens, discharge discharge plans. The CRM Director of the control of the cont	v assurance and utilization the institution and involves pital had failed to identify the provide discharge planning planning evaluations, and was interviewed on 9/13/07 at	A	343			
	hospital's discharge been developed. S	ed a formal assessment of the e planning process had not he said a review of discharge they were responsive to as not being done.					



C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

October 5, 2007

Sandra Bruce St Alphonsus Regional Medical Center 1055 North Curtis Road Boise, Idaho 83706

Dear Ms. Bruce:

This is to advise you of the State Licensure findings of the Complaint Survey at St Alphonsus Regional Medical Center which was concluded on September 14, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

- 1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for <u>all</u> individuals potentially impacted by the deficient practice.
- 2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
- 3. Identify the date each deficiency has been, or will be, corrected.
- 4. Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by October 18, 2007, and keep a copy for your records.

St Alphonsus Regional Medical Center October 5, 2007 Page 2 of 2

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

PATRICK HENDRICKSON Health Facility Surveyor Non-Long Term Care SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

PH/mlw

Enclosures

PRINTED: 10/05/2007 FORM APPROVED

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130007		(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
NAME OF P	ROVIDER OR SUPPLIER	100001	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
	ONSUS REGIONAL	MEDICAL CENTE	1055 NOR BOISE, ID	TH CURTIS 83706	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCII Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT' CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
В 000	complaint investigation compliance with standard conducting the investigation of the investig	ciencies were cited di ation survey of your hate licensure. Surve estigation were: on, RN, HFS, Team I HFS ps, RN, HFS this report include: Of esource Manager (Difference Manager) Tomography Department Medical Record is Electronic Docume and Throat Specialis social Worker al Therapist	nospital for eyors Leader scharge	B 000			
BB118	16.03.14.200.04 E	Discharge Planninig		BB118			
	provide a procedu discharge plannin is necessary, a qu designated respon hospital shall have Medicare and/or in there is a commo	inning. Administration are to screen each parting ig needs. If discharge ualified person shall to insible for such plann e a transfer agreeme Medicaid skilled nurs in governing board for sing home, a policy st	atient for e planning oe ing. The ent with a ing home. If or a hospital				

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

MJTV11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLE	(X3) DATE SURVEY COMPLETED	
130007			B. WING		C 09/14/2007			
			STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		71,2,001	
				RTH CURTIS ROAD 83706				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD BE ERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE		
BB118	Continued From page 1			BB118				
	concerning transfers will be sufficient. (10-14-88)			-				
	This Rule is not me Refer to A800 and Hospital Administra hospital policies an related to the asses		o the re that ollowed planning					
				<u>.</u>				

Bureau of Facility Standards STATE FORM

MJTV11